

Nutrition and WIC Services Management Evaluation Tool

Nutrition

Agency / Clinic: _____ Date of ME: _____

Evaluator(s): _____

For each review item, place a ✓ under the appropriate column (Yes, No, N/A). Check the N/A column to indicate the item is not applicable to the clinic or if the item was not reviewed. The Comment column should be used as needed for clarification and answers to open-ended items.

Review Criteria	Yes	No	N/A	Comments
1. Is the current State-approved Nutrition Services Plan available?				
2. Are the NSP action plans on schedule?				
3. Are there sufficient RD hours available to provide high risk counseling?				
4. Does the agency use interactive nutrition education centers or self-study modules? If no, go to # 6.				
5. Does the agency accommodate clients with limited English and low literacy in NE+ appointments?				
6. Does the agency use group classes? If no, go to # 8.				
7. Does the agency accommodate clients with limited English and low literacy in classes?				
8. Is there a class/NE+ for every client category in any given 6-month period or a procedure for NEi contacts for specific categories of clients?				
9. Are lesson plans on file for each lesson scheduled in the past 6 months?				
10. Are lesson plans available for future months? If yes, use the Comments column to record # of months.				

11. Review lesson plans to determine if each includes appropriate content for the required components listed below.

Title	Target Audience (client categories: PG, BF, PP, C, I<6 mos, I>6mos)	Content Appropriate for Target Audience	Learning Objectives	Outline or Summary	Interactive Component (other than a quiz)	Evaluation Method and Client Goal Setting	If developed by other than WIC RD or any non-WIC staff, was the lesson plan reviewed by the WIC RD prior to use by WIC?